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FISCAL IMPACT STATEMENT

LS 6298

BILL NUMBER: SB 468

NOTE PREPARED: Jan 19, 2005

BILL AMENDED:

SUBJECT: Health Entity Infection Rate Reporting.

FIRST AUTHOR: Sen. Alting

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X **GENERAL**
DEDICATED
FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill requires the State Department of Health to develop methods of data collection, analysis, and publication related to health entity acquired infection rates. The bill requires health entities to report infection rate data.

Effective Date: July 1, 2005.

Explanation of State Expenditures: The bill requires the Indiana State Department of Health (ISDH), with the assistance of an advisory committee to be appointed by the Commissioner of the Department, to develop a list of health entity acquired infections (nosocomial infections) for which data must be collected by acute care hospitals and ambulatory outpatient surgical centers. The advisory committee is also to advise the Department on the methodology for data collection and analysis. The members of the advisory committee are not eligible to receive travel expenses or a per diem. After determining the list of nosocomial infections for which data will be collected, the ISDH is required to devise a methodology for quarterly data collection, analysis of the data, and the subsequent publication of the information. The Department is to annually report to the Legislative Council information that summarizes the quarterly reports received from the health care entities during the previous year comparing the risk-adjusted nosocomial infection rates among the reporting providers for the current and previous years. The Department is required to promulgate rules to implement the provisions of the bill.

Acute care hospitals and outpatient surgical centers are required to begin reporting the required data to the Department beginning January 1, 2007. The resources necessary to implement the data collection and analysis will be dependent upon the amount and type of data the Department determines should be collected. As a point of reference, the cancer registry, a similar type of data reporting and analysis program run by the Department,

had an annual appropriation for the current budget biennium of \$237,224.

Background Information: The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requires accredited entities to maintain an infection control function and to report sentinel events on an ongoing basis. (A sentinel event is an event that results in patient death or permanent injury or loss of function as a result of the event.) Nosocomial infections are only one type of reportable sentinel events that JCAHO tracks. The Centers for Disease Control (CDC) works with a group of about 315 hospitals to collect data for the National Nosocomial Infections Surveillance (NNIS) System. This system produces nosocomial infection rates to use for comparative purposes and is available on the NNIS website. The CDC estimates that each year nearly 2 million patients in the U.S. acquire infections in hospitals, and about 90,000 die as a result of the infection. Infections are also a complication of care in other settings, including long-term care facilities and dialysis centers.

Explanation of State Revenues:

Explanation of Local Expenditures: County-owned hospitals and outpatient surgical centers would be required to report nosocomial infection data to the Department of Health.

Explanation of Local Revenues:

State Agencies Affected: Indiana Department of Health.

Local Agencies Affected: County-owned hospitals and outpatient surgical centers.

Information Sources: P.L. 224-2003; Joint Commission on the Accreditation of Healthcare Organizations at: <http://www.jcaho.org/about+us/news+letters/sentinal+event+alert> ; and the National Nosocomial Infection Surveillance System at: <http://www.cdc.gov/ncidod/hip/NNIS/2004NNISreport.pdf> .

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